



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505840		2. Exact name of the limited liability company Hair N Now, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Hair/Nail Salon	
5. Principal office address 19 Kearney Street 200 Cannon St (161)		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brenda Swenson		Contact Title Member	
Street Address 19 Kearney Street 200 Cannon St (161)		City Cranston	State RI
		Zip 02920	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name ll		Manager Name ll	
Street Address ll		Street Address ll	
City ll	State ll	City ll	State ll
Manager Name ll		Manager Name ll	
Street Address ll		Street Address ll	
City ll	State ll	City ll	State ll
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 30 2014

~ 2160

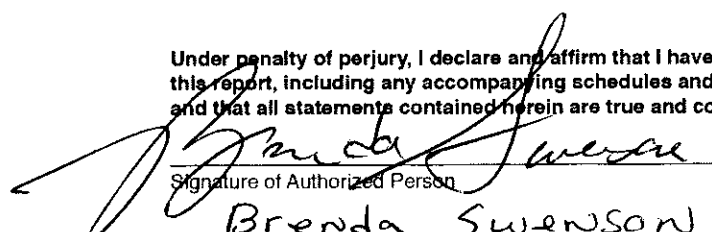
File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person
Date **10-14-14**
Brenda Swenson
Print or Type Name of Authorized Person